

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c) or (j))	-20* =	0	x \$ 18 =	\$ 0
	INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	-3** =	0	x \$ 84 =	0
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			+ \$ =	
				BASIC FEE (37 CFR 1.16)	740
				Total of above Calculations =	740
				Reduction by 50% for filing by small entity (Note 37 CFR 1.27).	
				* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.	
				TOTAL =	740

6. ☐ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 02 - 4377:
- a. ☒ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☒ Fees required under 37 CFR 1.18.
8. ☒ A check in the amount of \$ 620 is enclosed.
9. ☐ Payment by credit card. Form PTO-2038 is attached.
10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of _____ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.
11. ☐ New Attorney Docket Number, if desired _____
[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]
12. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
- b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13. ☒ Other: Petition for Extension of Time under 37C.F.R 1.136(a)

NOTE:

The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.

14. NEW CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Label**21003**or ☐ New correspondence address below

(Insert Customer No. or Attach bar code label here)

Name

Address

City

State

Zip Code

Country

Telephone

Fax

15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type)

Carmella L. Stephens

Signature

Carmella L. Stephens

Registration No. (Attorney/Agent)

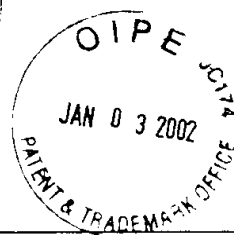
41,320

Date

January 3, 2002

Title: GENE TRANSFER TO PANCREATIC CELLS FOR PREVENTION OF ISLET DYSFUNCTION

Use Space Below for Additional Information:



CERTIFICATION UNDER 37 C.F.R. 1.8(a) OR 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail Certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, **P.O. Box 2327, Arlington, VA 22202-3513**

37 C.F.R. 1.8(a)

37 C.F.R. 1.10*

☐ with sufficient postage as first class mail.

☒ as "Express Mail Post Office to Address"
Mailing Label No. ET966197095US (mandatory)

Carmella L. Stephens
Signature

Date: January 3, 2002

Carmella L. Stephens
(type or print name of person certifying)

***WARNING:** Each paper of fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing 37 C.F.R. 1.10(b).
"Since the filing of correspondence under § 1.10 without the Express Mail label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition. "Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

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JAN 15 2002

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